

(EEO-3) SURVEY


This document is a guide on how to file online.

The following are the necessary main steps to file online.

- Collect employment data
- Then go to URL provided in survey notification letter.
- Select the option to “Fill Survey”
- Certify report once data is entered.
- When finished, print your form

EEO-3 WEBSITE HOME PAGE

- This web page provides information about filing the current year EEO-3 Survey.
- The EEO-3 Survey Home Page provides links to downloadable forms and special instructions.
- This page also provides links to instructions for filing online.

The banner features a stylized American flag on the left, the U.S. Equal Employment Opportunity Commission (EEOC) seal in the center, and the text "EEO-3" in large, bold, serif font on the right.

Home	WELCOME TO THE 2014 EEO-3 SURVEY
INSTRUCTIONS FOR FILING ONLINE	The EEO-3 survey, formally known as the Local Union Report, is a compliance survey required by Federal law and regulation. The survey is biennial, conducted in even-numbered years.
Alternative Instruction Booklet	WHO MUST FILE?
Prior Instruction Booklet	This report must be completed in full and filed by or on behalf of all referral local unions subject to Title VII of the Civil Rights Act of 1964, as amended, which have had 100 or more members at any time since December 31 of the preceding year. (See Section 1602.22 of the regulations in Section 8 of these instructions, and Section 701 (d) of the Title VII for a more exact definition of "labor organization.")
Alternative PDF	"Referral Union" is a term which describes unions under whose normal methods of operation individuals customarily and regularly seek or gain employment through the union, or an agent of the union.
Prior PDF	For the purposes of this report, a local union will be considered to be a Referral Union only if it:
Contact Us	(a) Operates a hiring hall or hiring office (on its own behalf or through a joint council or other referral agent), or
Login	(b) Has an arrangement under which one or more employers are required to consider or hire persons referred by the union or its agent, or
Registration	(c) Has 10 percent or more of its members employed by employers which customarily and regularly look to the union, or any agent of the union, for employees to be hired on a casual or temporary basis, for a specified period of time, or for the duration of a specified job.
	Filing Deadline: December 31, 2014.
	TO BEGIN, CLICK LOGIN

Email: EEO3@eeocsurvey.com Toll Free Customer Service: 1-877-228-5319

UNIONS WITH LESS THAN 100 MEMBERS

- **YOU ARE A UNION WITH LESS THAN 100 MEMBERS COMPLETE SECTION A THROUGH E.**
- Please fax or email the reporting center to update your status.
- Click on **Contact Us** link to get reporting center details.



The screenshot displays the EEO-3 Reporting Center website. The header features a banner with an American flag, the U.S. Equal Employment Opportunity Commission seal, and the text "EEO-3". A vertical navigation menu on the left contains links: Home, INSTRUCTIONS FOR FILING ONLINE, Alternative Instruction Booklet, Prior Instruction Booklet, Alternative PDF, Prior PDF, Contact Us, Login, and Registration. The main content area on the right provides contact information for the U.S. Equal Employment Opportunity Commission EEO-3 Reporting Center, including a P.O. Box address in Reston, VA, phone and fax numbers, and an email address. A note at the bottom of the contact section advises users to include their login ID when contacting via email or fax. The footer contains the email address EEO3@eeocsurvey.com and the toll-free customer service number 1-877-228-5319.

EEO-3

Home

INSTRUCTIONS FOR FILING ONLINE

Alternative Instruction Booklet

Prior Instruction Booklet

Alternative PDF

Prior PDF

Contact Us

Login

Registration

Contact Us :

U.S. Equal Employment Opportunity Commission
EEO-3 Reporting Center
P. O. BOX 8280
Reston VA 20195

Phone: 1-877-228-5319
Fax: 1-866-262-0032

Email: EEO3@eeocsurvey.com

Note: If you are contacting the Reporting Center via email or fax, please include your login ID.

Email: EEO3@eeocsurvey.com

Toll Free Customer Service: 1-877-228-5319

LOGIN PAGE

- Survey participants will use their Union's Login ID (your Control Number) and a Password to gain access of EEO-3 Online Filing System.
- The Login ID and Password will be included in each Union's survey notification letter.

Home

INSTRUCTIONS FOR FILING ONLINE

Alternative Instruction Booklet

Prior Instruction Booklet

Alternative PDF

Prior PDF

Contact Us

Login

Registration

WELCOME TO THE ONLINE EEO-3 APPLICATION

Login ID

Password

Login

Login problems? Forgot Password?

Note: Password is case sensitive

System Notification:

- **U.S Government Information System:** The System Use is accessing a U.S Government Information.
- **System Usage:** System Usage is monitored, Recorded, and Subject to Audit.
- **Secure:** Data is transferred over the internet using encryption, assuring your privacy.
- **Unauthorized Use:** Unauthorized use of system is prohibited and subject to criminal and civil penalties.

Email: EEO3@eeocsurvey.com Toll Free Customer Service: 1-877-228-5319

AFTER LOGIN

- This screen appears after login. Please read the conditions/rule and click 'Accept' to continue.

PLEASE ACCEPT THESE CONDITIONS/RULE TO CONTINUE

Your ability to use this system is dependent on your acceptance of the following conditions,

1. The system is to be used only for the purposes of filing your union's EEO-3 reports and the retrieval of reports that you have filed previously.
2. The system may not be used to access information that is not directly relevant to your union.
3. You may not use the system to retrieve, modify or destroy information that is not your own.
4. The system is only to be accessed using the procedures prescribed by the U.S. Equal Employment Opportunity Commission and only by using the Password and User ID provided by the U.S. Equal Employment Opportunity Commission.
5. If you accidentally obtain access to another organization to another union's data you may not save, utilize or distribute such data and your must notify U.S. Equal Employment Opportunity Commission.

I accept these conditions and will comply with these rules.

You will be logged out if you decline.

PROVIDE THE EMAIL ID AFTER FIRST LOGIN

- Please enter the valid email id and click **submit**.

Please provide us with your email id. This will be used to send you a new password in case you forget it.

E-mail

submit

EEO3 MENU

- These are the menu options available after login.
- **Fill survey** - To fill online survey for the current year.
- **Profile** - **Edit profile** to edit Union profile.
- - **Reset Password**
- - **Update Email** to update contact email id.
- **Past Reports** - To view previous year reports in PDF.
- **Download Form** - Download link for EEO-3 Form, if you opt to fill survey by paper form.
- **VIEW/PRINT DATA** - To print current year data. This opens in PDF. You can save PDF for your records.
- **Help** - Download link for EEO-3 Instruction Booklet.



- There are two options for filing on the EEO-3 for current year. Choose only one option to file. DO NOT file with both options.
- To file **revised** EEOC race and ethnicity categories choose option 1, Click on ****Click here**** to choose the form.
- To file **prior** EEOC race and ethnicity categories choose option 2, Click on ****Click here**** to choose the form.



The screenshot shows the EEO-3 online filing system interface. At the top, there is a header with the U.S. Equal Employment Opportunity Commission logo and the text "EEO-3". Below the header is a navigation bar with links: "Fill Survey", "Union Info", "Status Updates", "Extensions", "Reports", "Welcome datae", and "Signout". The main content area has a large heading "CHOOSE FORM" and a link "Back". Below this, there is a section titled "There are two options for filing on the EEO-3 online filing system. They are as follows:" followed by two options: "Option1: Filing using the revised EEOC race and ethnicity categories (Alternative form) **Click here**" and "Option2: Filing using the prior EEOC race and ethnicity categories (Prior format) **Click here**". At the bottom, there is a footer with contact information: "mail: EEO3@eeocsurvey.com", "Toll Free Customer Service: 1-877-228-5319", "Logout", "Home", and "Contact us".

EEO-3

Fill Survey Union Info Status Updates Extensions Reports Welcome datae Signout

CHOOSE FORM

Back

There are two options for filing on the EEO-3 online filing system. They are as follows:

Option1: Filing using the revised EEOC race and ethnicity categories (Alternative form) ****Click here****

Option2: Filing using the prior EEOC race and ethnicity categories (Prior format) ****Click here****

mail: EEO3@eeocsurvey.com Toll Free Customer Service: 1-877-228-5319 Logout Home Contact us

ONLINE FILING

Option 1: Revised EEOC race and ethnicity categories (Alternative Form)

PART A:

Make sure address is correct.

Enter mandatory fields. (3,4,5)

PART B:

Answers in PART B determines if you have to complete Schedule I section in next page or not.

If you answer “Yes” to Part B, Item 1 and “Yes” to any one of three questions in Part B, Item 2, of the report, you must complete EEO-3 Schedule I. Otherwise Complete Part D. IDENTIFICATION AND SIGNATURE in next page.

- Click on **Continue** to go to **EEO-3 FORM Page 2** (IDENTIFICATION AND SIGNATURE, Schedule I.).

Fill Survey	Profile	Past Reports	Download Form	VIEW/PRINT DATA	Help	Welcome 43588	Signout
How to file Online?				Toll Free Customer Service: 1-877-228-5319			
Union Reporting Program Washington, DC 20507		EQUAL EMPLOYMENT OPPORTUNITY LOCAL UNION REPORT (EEO-3)			Approved by OMB No. 3046-0006 Expires 2/28/2006		
Control Number: 43588 testUnion 11491 sunset hills road Reston VA 20190		U. S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION EEO-3 Reporting Center P. O Box 8845 Reston VA 20195					
Part A. LOCAL UNION IDENTIFICATION							
1. Full name of Local union for which this report is filed (include local number, if any.) testUnion				b. Union Office, if different from 2a. Number and address City County State Zip Code (ZIP Lookup)			
2. Mailing Address (if different from above) a. Where official mail should be sent to the union Number and address 11491 sunset hills road City Reston County Fairfax State VA ZIP 20190 (ZIP Lookup)				3. Indicate type of local union report by a check in applicable box: a. <input checked="" type="radio"/> Report filed by local union in its own behalf b. <input type="radio"/> Other (explain) 4a. Are you affiliated with or chartered by a national or international union or or national organization? Yes <input type="radio"/> No <input checked="" type="radio"/> b. If "yes" to item 4a, give name and address of such national or international organization. 5. Are you affiliated with the AFL/CIO? Yes <input type="radio"/> No <input checked="" type="radio"/>			
Part B. LOCAL UNIONS REQUIRED TO FILE							
1. Has the local union had 100 or more members at any time since December 31 of the preceding year?				Yes <input checked="" type="radio"/> No <input type="radio"/>			
2. Does the local union, or any unit, division, or agent of the local union, or any labor organization which performs, within a specific jurisdiction, the functions ordinals performed by a local union, whether or not it is so designated:				Yes <input type="radio"/> No <input type="radio"/>			
a. Operate a hiring hall or hiring office?				Yes <input checked="" type="radio"/> No <input type="radio"/>			
b. Have an arrangement under which one or more employers are required to consider or hire persons referred by the local union or an agent of the local union.				Yes <input type="radio"/> No <input checked="" type="radio"/>			
c. Have 10 percent or more of its members employed by employers which customarily and regularly look to the union, or any agent of the union, for employees to be hired on a casual or temporary basis, for a specified period of time, or for the duration of a specified job?				Yes <input type="radio"/> No <input checked="" type="radio"/>			
				Continue			
EEOC FORM 274, Jun 88				EEOC ORIGINAL		PAGE 1	

Part E. IDENTIFICATION AND SIGNATURE, SCHEDULE I

Option 1: Revised EEOC race and ethnicity categories (Alternative Form)

If you answered "Yes" to Part B, Item 1 and "Yes" to any one of three questions in Part B, Item 2, of the report, you must complete EEO-3 Schedule I.

Otherwise Complete Part E. IDENTIFICATION AND SIGNATURE

Note: Total in Column O are auto calculated and read-only. Do not try to edit these fields.

SCHEDULE I

If you answered "Yes" to Part B, Item 1 and "Yes" to any one of three questions in Part B, Item 2, of the report, you must complete EEO-3 Schedule I.

(a) Item 1 and 2 - Method of identification and Statistics: The schedule requires information by race/ethnic group and by sex, for: (a) union members; and (b) persons referred for jobs. It also asks information about applicants for membership and applicants for referral. It is recognized that under a variety of referral arrangements in existence throughout the United States, as in the case where referral for employment is requested or made by telephone, it may be difficult for the referral union to compile the data requested on individuals. However, even in such circumstances, this is not to be considered to be impossible; and within the particular framework of its own operation, the referral union will be expected to establish and maintain a recordkeeping system that will enable it to report, for the 2-month period, the information called for in Item 2b. In many instances, a daily tally of the race/ethnic identification and sex of persons referred will be sufficient. In other cases, individual records may be made through self identification procedures as suggested in Section 4 of these instructions.

(b) Item 1 - Method of Identification: Check the applicable boxes to indicate how race/ethnic group identification was made in completing Item 2.

(c) Item 2 - Statistics: All entries are for Total Both Sexes, and by sex and race/ethnic group. ---Membership in Referral Unit.

Enter in Item 2a(1) the members in the referral unit. Enter in Item 2a(2) the number of applicants for membership during the preceding year. ---Referrals During 2-Month Period The 2-Month period referred to may be selected from any time between August 1 and November 30 of the survey year, such as September 1 to October 31 for example. For each column: Enter in Item 2b(1) the number of individual persons referred to a job during the 2-Month period. Enter in Item 2b(2) the number of referrals the persons in Item 2b(1) were sent out during the 2-month period. If a member is sent out (referred)

more than one time during the 2-month period, the total number of these referrals must be included in this item. Enter in Item 2b(3) the number of persons who were applicants for referral during the 2-month period.

(d) Item 3 - Period Used For Referral Date: Enter the actual dates of the 2-month period used to prepare your records.

Click on **'Save and Quit'** if you are not sure of data and would like to save what you have entered and continue later. You will still be considered as **'Non-Respondent'** at this stage.

Click on **'Save and Certify'** if you are done with entering data and would like preview and

PART C. REMARKS

PART D. IDENTIFICATION AND SIGNATURE

To the best of my knowledge and belief, the information contained in this report is true and complete. It is further certified that to the extent any data in Schedule I, Items 1 or 2, are based on self-identification by individuals, this information was gathered only after they were advised of its confidential nature and purposes.

1. Type or print name, title, address and telephone number for union business of designated representative

Name _____

Title _____

Work address _____

Telephone number (including area code) _____

2. Signature of designated representative _____

3. Date _____

*Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both." Title 18, Section 1001, United States Code.

SCHEDULE I—LOCAL UNION REPORT (EEO-3)

MEMBERSHIP, APPLICANT and REFERRAL INFORMATION

1. Method of identification

How was information as to race/ethnic identification and sex in Item 2 below obtained?

This information may be obtained by visual survey, from records made after employment, from personal knowledge or by self-identification. The self-identification method may be used subject to the conditions set forth in the instructions. No State law prohibiting the self-identification method applies, since the Equal Employment Opportunity Commission's regulations supersede such laws.

Check all applicable boxes

a. Existing Record

b. Visual Survey

c. Tally from Personal Knowledge

d. Self-identification

e. Other (Specify) _____

2. Statistics

2. Statistics		RACE/ETHNICITY														Total Col A-N
HISPANIC OR LATINO		NONHISPANIC OR LATINO														
		MALE							FEMALE							
		Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races	
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
3. MEMBERSHIP IN REFERRAL UNIT																
(1) MEMBERS																
(2) APPLICANTS FOR MEMBERSHIP DURING THE PAST YEAR																
3. REFERRALS DURING 2-MONTH PERIOD																
(1) NUMBER OF PERSONS REFERRED																
(2) NUMBER OF REFERRALS																
(3) APPLICANTS FOR REFERRAL																

3. Period Used For Referral Date:

You should obtain the figures reported in Item 2 "Statistics" using any 2-month period between August 1 and November 30.

Dates of 2-month Period: _____

ONLINE FILING

Option 2: Prior EEOC race and ethnicity categories (Prior Form)

□

PART A:

Make sure address is correct.

Enter mandatory fields. (3,4,5)

□

PART B:

If **No** to any items in question 1 (1a, 1b, or 1c), answer question 2.

Ex: If 1b Hispanics? is **No**,

check any of the **checkboxes** under question 2, HISPANIC 1(b)

□

PART C:

Answers in PART C determines if you have to complete Schedule I section in next page or not.

If you answer “Yes” to Part C, Item 1 and “Yes” to any one of three questions in Part C, Item 2, of the report, you must complete EEO-3 Schedule I. Otherwise Complete Part E. IDENTIFICATION AND SIGNATURE in next page.

□

Click on **Continue** to go to **EEO-3 FORM Page 2** (IDENTIFICATION AND SIGNATURE, Schedule I.).

Fill Survey	Profile	Past Reports	Download Form	VIEW/PRINT DATA	Help	Welcome 43588	Signout
How to file Online?				Toll Free Customer Service: 1-877-228-5319			
Union Reporting Program Washington, DC 20507				Approved by OMB No. 3046-0006 Expires 2/28/2006			
EQUAL EMPLOYMENT OPPORTUNITY LOCAL UNION REPORT (EEO-3)							
Control Number: 43588 testUnion 11491 sunset hills road Reston VA 20190				U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION EEO-3 Reporting Center P. O Box 8845 Reston VA 20195			
Part A. LOCAL UNION IDENTIFICATION							
1. Full name of Local union for which this report is filed (include local number, if any.) testUnion				b. Union Office, if different from 2a. Number and address City County State Zip Code (ZIP Lookup)			
2. Mailing Address (if different from above) a. Where official mail should be sent to the union Number and address 11491 sunset hills road City Reston County Fairfax State VA ZIP 20190 (ZIP Lookup)				3. Indicate type of local union report by a check in applicable box: a. Report filed by local union in its own behalf b. Other (explain) 4a. Are you affiliated with or chartered by a national or international union or or national organization? Yes No b. If "yes" to item 4a, give name and address of such national or international organization. 5. Are you affiliated with the AFL/CIO? Yes No			
Part B. LOCAL UNION PRACTICES							
1. To the best of your knowledge does your membership include any: a. Black (non-Hispanic) b. Hispanics? c. Women? 3. To the best of your knowledge, has your international union chartered a separate local within the same work and/or area Jurisdiction which consists only of: a. Persons of the same race/ethnic identity? b. Persons of the same sex?				(CHECK ALL APPLICABLE BOXES) BLACK NON-HISPANIC 1(a) HISPANIC 1(b) WOMEN 1(c) a. Are not in the local community? b. Are not in the bargaining unit? c. Are excluded by provision in constitution or bylaws? d. Have not applied for membership? e. Have applied, but did not have a sponsor? f. Have applied but did not meet qualifications other than sponsor-ship? g. OTHER reasons(s) (Explain)			
Part C. LOCAL UNIONS REQUIRED TO FILE							
1. Has the local union had 100 or more members at any time since December 31 of the preceding year? 2. Does the local union, or any unit, division, or agent of the local union, or any labor organization which performs, within a specific jurisdiction, the functions ordinarily performed by a local union, whether or not it is so designated: a. Operate a hiring hall or hiring office? b. Have an arrangement under which one or more employers are required to consider or hire persons referred by the local union or an agent of the local union. c. Have 10 percent or more of its members employed by employers which customarily and regularly look to the union, or any agent of the union, for employees to be hired on a casual or temporary basis, for a specified period of time, or for the duration of a specified job?				The union must complete the entire report if it answered "YES" to item 1, AND the answer is yes to any of the three questions in Item 2. The union is not required to complete the entire report if it answered "NO" to item 1, OR "NO" to all three questions in Item 2. If that is the case, the union must complete Parts A, B, C and E and return this form to the specified address			
Continue							
EEOC FORM 274, Jun 88				EEOC ORIGINAL PAGE 1			

Part E. IDENTIFICATION AND SIGNATURE, SCHEDULE I

Option 2: Prior EEOC race and ethnicity categories (Prior Form)

If you answered "Yes" to Part C, Item 1 and "Yes" to any one of three questions in Part C, Item 2, of the report, you must complete EEO-3 Schedule I.

Otherwise Complete Part E. IDENTIFICATION AND SIGNATURE

□ **Note:** Total in Column A are auto calculated and read-only. Do not try to edit these fields.

□ SCHEDULE I

□ If you answered "Yes" to Part C, Item 1 and "Yes" to any one of three questions in Part C, Item 2, of the report, you must complete EEO-3 Schedule I.

□ **(a) Item 1 and 2 - Method of identification and Statistics:** The schedule requires information by race/ethnic group and by sex, for: (a) union members; and (b) persons referred for jobs. It also asks information about applicants for membership and applicants for referral. It is recognized that under a variety of referral arrangements in existence throughout the United States, as in the case where referral for employment is requested or made by telephone, it may be difficult for the referral union to compile the data requested on individuals. However, even in such circumstances, this is not to be considered to be impossible; and within the particular framework of its own operation, the referral union will be expected to establish and maintain a recordkeeping system that will enable it to report, for the 2-month period, the information called for in Item 2b. In many instances, a daily tally of the race/ethnic identification and sex of persons referred will be sufficient. In other cases, individual records may be made through self identification procedures as suggested in Section 4 of these instructions.

□ **(b) Item 1 - Method of Identification:** Check the applicable boxes to indicate how race/ethnic group identification was made in completing Item 2.

□ **(c) Item 2 - Statistics:** All entries are for Total Both Sexes, and by sex and race/ethnic group. ---Membership in Referral Unit.

Enter in Item 2a(1) the members in the referral unit. Enter in Item 2a(2) the number of applicants for membership during the preceding year. ---Referrals During 2-Month Period The 2-Month period referred to may be selected from any time between August 1 and November 30 of the survey year, such as September 1 to October 31 for example. For each column: Enter in Item 2b(1) the number of individual persons referred to a job during the 2-Month period. Enter in Item 2b(2) the number of referrals the persons in Item 2b(1) were sent out during the 2- month period. If a member is sent out (referred)

more than one time during the 2-month period, the total number of these referrals must be included in this item. Enter in Item 2b(3) the number of persons who were applicants for referral during the 2-month period.

□ **(d) Item 3 - Period Used For Referral Date:** Enter the actual dates of the 2-month period used to prepare your records.

□ Click on **'Save and Quit'** if you are not sure of data and would like to save what you have entered and continue later. You will still be considered as **'Non-Respondent'** at this stage.

□ Click on **'Save and Certify'** if you are done with entering data and would like preview and

Fill Survey	Profile	Past Reports	Download Form	VIEW/PRINT DATA	Help	Welcome 43588	Signout
-------------	---------	--------------	---------------	-----------------	------	---------------	---------

BackToll Free Customer Service: 1-877-228-5319Control Number: 43588

Part D. Remarks

Part E. IDENTIFICATION AND SIGNATURE

To the best of my knowledge and belief, the information contained in this report is true and complete. It is further certified that to the extent any data in schedule I, and Items 1 or 2, are based on self-identification by individuals, this information was gathered only after they were advised of its confidential nature and purposes.

1. Type or print name, title, address and telephone for union business designated representative

Name

Title

Work address

Telephone number (including area code)

Email

2. Signature ☐ By Checking this box and clicking 'save and Certify' you certify this document.3. Date: 09-02-2010Select

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material act or makes any false, fictitious or fraudulent statement or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent or entry, shall be fined not more than 10,000 or imprisoned not more than 5 years or both" Title 18, section 1001, United States Code.

SCHEDULE I -- LOCAL UNION REPORT (EEO-3) MEMBERSHIP, APPLICANT AND REFERRAL INFORMATION

1 Method Of IdentificationCHECK ALL APPLICABLE BOXES

HOW WAS INFORMATION AS TO RACE/ETHNIC IDENTIFICATION AND SEX IN ITEM 2 BELOW OBTAINED?

This information may be obtained by visual survey, from records made after employment, from personal knowledge or by self-identification. The self-identification method may be used subject to the conditions set forth in the instructions. No state law prohibiting the self-identification method applies since the Equal Employment Opportunity Commission's regulations supersede such laws.

a existing records☐

b Visual Survey☐

c Tally from Personal Knowledge☒

d Self-identification☐

e Other (Specify)☐

Other:

2 Statistics

	total (columns B-K)	MALE						FEMALE				
		NON-HISPANIC ORIGIN		HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE		NON-HISPANIC ORIGIN		HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE
		WHITE	BLACK					WHITE	BLACK			
	A	B	C	D	E	F		G	H	I	J	K
a Membership in referral unit												
(1) Membership	110	11	11	11	11	11		11	11	11	11	11
(2) Application for membership during past year	10	1	1	1	1	1		1	1	1	1	1
b Referrals during past 2-month period												
(1) Number of persons referred	10	1	1	1	1	1		1	1	1	1	1
(2) Number of referrals	10	1	1	1	1	1		1	1	1	1	1
(3) Applications for referral	10	1	1	1	1	1		1	1	1	1	1

3. Period used for referral Data. You should obtain the figures reported in Item 2 "Statistics" using any 2-month period between August 1 and November 30.

Dates of 2-month periodSelect09-07-201011-07-2010

Save and QuitSave and Certify

CERTIFY DATA

Screen to certify your data

- Click on 'Select' button to select date.
- Enter Phone and name/title of authorized official.
- Check the checkbox – **Signature**.
- Click on 'SAVE AND CERTIFY' to certify data.
- Once you certify your data, you are done with current year filing and will be considered as 'Respondent'.
- You have the option to edit your data before survey closure as long as you certify data again.
- Any time you edit data and don't certify it again, you will be considered as 'Non –Respondent'.

Fill Survey	Profile	Past Reports	Download Form	VIEW/PRINT DATA	Help	Welcome 43588	Signout
Back							Toll Free Customer Service: 1-877-228-5319
							Control Number: 43588
Part D. Remarks							
<div></div>							
Part E. IDENTIFICATION AND SIGNATURE							
To the best of my knowledge and belief, the information contained in this report is true and complete. It is further certified that to the extent any data in schedule I, and Items 1 or 2, are based on self-identification by individuals, this information was gathered only after they were advised of its confidential nature and purposes.							
1. Type or print name, title, address and telephone for union business designated representative							
Name <input type="text"/>							
Title <input type="text"/>							
Work address <input type="text"/>							
Telephone number (including area code) <input type="text"/>							
Email <input type="text"/>							
2. Signature <input type="checkbox"/> By Checking this box and clicking 'save and Certify' you certify this document.							3. Date: 09-02-2010 <input type="button" value="Select"/>
"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material act or makes any false, fictitious or fraudulent statement or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent or entry, shall be fined not more than 10,000 or imprisoned not more than 5 years or both" Title 18, section 1001, United States Code.							
<div>Save and Quit Save and Certify</div>							
EEOC FORM 274, Jun 88				EEOC ORIGINAL		PAGE 2	

PRINT OR SAVE YOUR DATA FOR YOUR RECORDS

- You have a chance to print or save data for your records..
- Click on 'PRINT' to print or save your data. Link opens in PDF.
- If have certified, you are done with current year filing.
- In case you wish edit your data, Click on '**BACK TO SURVEY.**
- If you have not certified your data, Click on '**CLICK HERE TO CERTIFY DATA**'

EEO-3

Fill Survey Union Info Status Updates Extensions Reports Welcome datae Signout

CONTROL NUMBER:

Control Number is certified on .

Link opens in PDF. You must have Adobe Acrobat Reader version 5.0 or higher installed on your PC in order to download and print. If you do not have Adobe Acrobat Reader version 5.0 or higher, click [here](#) to download a copy from Adobe's web site.

- Preview your data.
- If you have not certified your data, please make sure you certify data by clicking the link 'CLICK HERE TO CERTIFY DATA' below if you do not want to be considered as Non-Respondent.

Please click [\[PRINT\]](#) to PRINT or VIEW DATA in PDF.

• [BACK TO SURVEY](#) • [CLICK HERE TO CERTIFY DATA](#)

To view historical reports [Click Here](#)

Email: EEO3@eeocsurvey.com Toll Free Customer Service: 1-877-228-5319 Logout Home Contact us

PRINT/VIEW DATA

- To print or view current year data anytime click on 'PRINT/VIEW DATA'.
- If you have not filled current year yet, message 'Control Number has no data for current year.' will be displayed.
- To view previous year reports, click on 'Past Reports'.

EEO-3

Fill Survey Union Info Status Updates Extensions Reports Welcome datae Signout

CONTROL NUMBER:

Control Number is certified on .

Link opens in PDF. You must have Adobe Acrobat Reader version 5.0 or higher installed on your PC in order to download and print. If you do not have Adobe Acrobat Reader version 5.0 or higher, click [here](#) to download a copy from Adobe's web site.

- Preview your data.
- If you have not certified your data, please make sure you certify data by clicking the link 'CLICK HERE TO CERTIFY DATA' below if you do not want to be considered as Non-Respondent.

Please click [\[PRINT\]](#) to PRINT or VIEW DATA in PDF.

• [BACK TO SURVEY](#) • [CLICK HERE TO CERTIFY DATA](#)

To view historical reports [Click Here](#)

Email: EEO3@eeocsurvey.com Toll Free Customer Service: 1-877-228-5319 Logout Home Contact us

THE END OF PRESENTATION

- We hope that you found this series of slides helpful in understanding the work flow for the EEO-3 Online Filing System.
- If you have any questions, please contact the reporting center via the information in the Notification Letter or via the Contacts link on the left hand side of the home page.
- Don't forget to print a copy of your completed work.